

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Madera County

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** VW09230200 **DATE OF SITE VISIT:** 7/19/10
2. **GRANT PERIOD:** July 1, 2009 to June 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:**
Community Action Partnership of Madera County
4. **PROJECT DIRECTOR:**
Tina Figueroa

PERSONS INTERVIEWED DURING SITE VISIT:

| <u>NAME</u> | <u>TITLE</u> | <u>AGENCY</u> |
|------------------------|--------------------------------|----------------------|
| <u>Donna Tooley</u> | <u>Financial Officer</u> | <u>Madera County</u> |
| <u>James Chandler</u> | <u>Fiscal Officer</u> | <u>Madera County</u> |
| <u>Irene Yang</u> | <u>Human Resource Director</u> | <u>Madera County</u> |
| <u>Patricia Helton</u> | <u>Advocate</u> | <u>Madera County</u> |
| <u>Mary Aziz</u> | <u>Advocate</u> | <u>Madera County</u> |
| <u> </u> | <u> </u> | <u> </u> |

Charlotte Smith
Signature of Program Specialist

7/19/10
Date

Sally Hencken
Signature of Section Chief

7/19/10
Date

Tina Figueroa
Signature of Project Representative

7/19/10
Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

YES NO N/A

1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars.

| | | |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does not apply to state, city, or county units of government.
- Does the certificate show:
 - Bonding company's name
 - Bond number
 - Description of coverage
 - Amount of coverage (50% of allocation)
 - Bond period
 - Grant award number
 - Form A, Employee Dishonesty
 - Form B, Forgery Coverage
 - Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- Does the project have its CEQA documentation on file?(Ask to view)
 - Certified Exempt
 - Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Addressed to the owner of the building.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

YES NO N/A

4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

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Comments:

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

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Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)
A modification is needed for the following:

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- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
 - Job application ☒ ☐ ☐
 - Resume ☒ ☐ ☐
 - Performance evaluations ☒ ☐ ☐
 - Salary rates ☒ ☐ ☐
 - Benefits ☒ ☐ ☐
 - Current job duties/descriptions ☒ ☐ ☐
 - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

1. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

2. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
 - Name of individual who approves purchases.
Tina Figueroa
 - Name of individual who writes checks.
Leticia Aranda, Tina Gomez,
 - Name of individual(s) who signs checks.
Donna Tooley, M.J. Neighbors,

Comments:

additional individuals who write checks: Rod Chaney and Amy Howland

additional individuals who sign checks: Jessie Perez Supervisor and James Chander

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

YES NO N/A

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

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Comments:

No equipment was purchased with grant funds.

11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

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Comments:

12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

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Comments:

Stimulus grant VS and RV have match requirements.

13. EEO POLICY

- Go over EEO checklist. (Separate document)

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Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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Comments:

2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

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Comments:

4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

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Comments:

5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
PROGRAMS: VICTIM / WITNESS ASSISTANCE & STIMULUS GRANTS
PERFORMANCE ASSESSMENT / SITE VISIT REPORT

SUPPLEMENTAL PROGRAMMATIC REVIEW

1. MANDATORY SERVICES

a. Crisis Intervention

| | | | |
|---|-------------------------------------|--------------------------|--|
| (1) Provide in person/telephone contacts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Provide crisis intervention and arrange for needed services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

b. Emergency Assistance

| | | | |
|--|-------------------------------------|--------------------------|--|
| (1) Arrange emergency assistance within the first 24 hours after initial contact | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Written procedures in place for disbursing funds | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (3) OA(s) on file with service providers (i.e. shelters) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

c. Resource and Referral Assistance

| | | | |
|--|-------------------------------------|--------------------------|--|
| (1) Provide non-emergency referrals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) OA(s) on file with service providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

d. Direct Counseling

| | | | |
|---|-------------------------------------|--------------------------|--|
| (1) Provide in person or telephone guidance and/or emotional support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) If counseling is provided, it is at a level that does not require a licensed professional | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (3) If counseling is referred, OA(s) on file with service providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

e. Victims of Crime Claims

| | | | |
|--|-------------------------------------|--------------------------|-----------------------|
| (1) Assist clients in preparing applications for compensation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Advocate is aware their role does not include determination of eligibility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (3) Is a joint Powers unit locally located | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In San Joaquin County |

f. Property Return

| | | | |
|--|-------------------------------------|--------------------------|--|
| (1) Assist in the return of property held as evidence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) If property cannot be returned, an explanation is provided | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)

1. MANDATORY SERVICES (Continued)

g. Orientation to the Criminal Justice System

(1) Provide information on the location, procedures, and functions of local criminal justice agencies



(2) Written material/brochures are available in languages appropriate to local ethnic needs



h. Court Escort

(1) Provide physical accompaniment during court appearances



(2) Provide physical accompaniment during interviews with law enforcement and prosecution



i. Presentations and Training for Criminal Justice Agencies

(1) Conduct informational presentations regarding resources available through V/W Centers



(2) Conduct informational presentations explaining the rights and needs of victims



j. Public Presentations and Publicity

(1) Promote public awareness of V/W services through public media



(2) Conduct presentations to victim service organizations and community groups



(3) Participate in Victims' Rights Week



k. Case Status/Case Disposition

(1) Advise victim of the progress and disposition of case



(2) Assist victim with preparing Victim Impact Statements



l. Notification of Family/Friends

(1) Notify victim's relatives and/or friends of the occurrence of the crime



m. Employer Notification

(1) Notify employer that client was a victim/witness to a crime



(2) Encourage employer to minimize any loss of pay or other benefits



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SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)

1. MANDATORY SERVICES (Continued)

n. Restitution

| | | | |
|--|-------------------------------------|--------------------------|--|
| (1) Assist in obtaining restitution | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

2. OPTIONAL SERVICES

| | | | |
|--|-------------------------------------|-------------------------------------|------------------------------|
| (1) Employer Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Creditor Intervention | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No requests for intervention |
| (3) Child Care Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (4) Witness Notification | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No requests have been made |
| (5) Funeral Arrangements | <input type="checkbox"/> | <input type="checkbox"/> | |
| (6) Crime Prevention Information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (7) Witness Protection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (8) Temporary Restraining Order (TRO) Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (9) Transportation Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (10) Court Waiting Area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

3. AGENCY ORGANIZATION

a. Facility

| | | | |
|--|-------------------------------------|--------------------------|--|
| (1) VW Center is open during normal business hours | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Waiting Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (3) Private Interview Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

b. Personnel & Organization

| | | | |
|---|-------------------------------------|--------------------------|--|
| (1) Reporting lines of Authority are consistent with the Project Contact Information form | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (2) Authorization for additional signature authority is current | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (3) Evidence of completion of 40 hour Entry-Level Training | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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c. Personnel & Organization (Continued)

| | | | |
|---|-------------------------------------|--------------------------|--|
| (4) Evidence of completion of Advance Training, if applicable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (5) Evidence of completion of Coordinator's Training, if applicable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (6) Volunteers utilized as required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (7) Utilize functional time sheets | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

Additional Comments / Notes: